**OAE Hearing Screening Log Sheet**

Program / Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screener\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P = Pass, R = Recheck or Refer, after second recheck, refer child to their medical provider

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| --- | --- | --- | --- | --- |
| Child | Visual | OAE 1  R L | OAE 2  (date)  R L | Referral Info |
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